

Unit: _____	Serial #: _____
Admit Date/time:	
Transfer Ready Date:	
Discharge Date time:	

Hx & PM HX (Chronic Health?)

(more History use back of page)

Green Sheet

☐

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APACHE

GLAGOW COMA (circle)

Chronic H

Yes ☐ NO ☐

Eye

1. No response

TYPE:

Surg ☐ Med ☐

2. to Pain

TEMP

3. To Speech

SYS BP

Motor

1. No response

DIAS BP

2. Abnormal extension

HR

3. Abnormal Flexion

TISS

Date

RR

4. Withdraws to Pain

FiO2

5. Localizes pain

PO2

6. Obeys command

PCO2

Verbal

Not Ventilated?

pH

1. Oriented

TCO2 (25)

2. Disoriented

Ventilated

Yes ☐ NO ☐

3. Inappropriate words

Na

4. Inappropriate sounds / Confused

K+

5. No Response

Hct

Ventilated ?

WBC

6. Appears Oriented

Creatinine

7. Questionably oriented

ACTIVE TX

Yes ☐ NO ☐

8. No response

ARF

Yes ☐ NO ☐

9. Unknown

(Creatinine 133 umol /135 cc's)